## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/29/2014 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER   LAKE COUNTY NURSING AND REHABILITATION CENTER   STREET ADDRESS, CITY, STATE, ZIP CODE 9328 MCCOOK AVE EAST CHICAGO, IN 45312	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE   MOZE MCCODE AND   MOZE MCCODE									
LAKE COUNTY NURSING AND REHABILITATION CENTER  (AN) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY TIVIL) PREFIX TAG  (F 000) INITIAL COMMENTS  This visit was for a Post Survey Revisit (PSR) to the Recontification and State Licensure Survey completed on 7/14/14. This visit included the PSR to the Investigation of Complaint IN00151030 completed on 7/14/14.  Complaint IN00151030-Corrected.  Survey dates: August 26 & 27, 2014  Facility number: 100267410  Survey Team:  Lara Richards, RN-TC Yolanda Love, RN Heather Tuttle, RN Cynthia Stramel, RN  Census payor type: Medicare: 4 Medicare: 5 Total: 67 Total: 67  Lake County Nursing and Rehabilitation Center was found to be in compliance with 42 CRP part 483, Sulparat B and 410 IAC 16, 23.1, in regard to the PSR to the Investigation of Complaint IN00151030.	NAME OF P	ROVIDER OR SUPPLIER	100000	B. WINO	STREET ADDRESS	CITY STATE ZIP CODE	08/	27/2014	
CAN ID   C	INAME OF T	NOVIDEN ON 3011 EIEN							
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION)  (F 000)  INITIAL COMMENTS  This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 7/14/14.  Complaint IN00151030 completed on 7/14/14.  Complaint IN00151030-Corrected.  Survey dates: August 26 & 27, 2014  Facility number: 000108  Provider number: 155653  Aim number: 100267410  Survey Team:  Lara Richards, RN-TC  Yolanda Love, RN  Heather Tuttle, RN  Cynthia Stramel, RN  Census bed type:  SNF/NF: 67  Totat: 67  Census payor type:  Medicare: 4  Medicaid: 48  Other: 15  Totatic: 67  Lake County Nursing and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart 8 and 410 Act 10 £-31, in regard to the PSR to the Investigation of Complaint IN00151030.	LAKE CO	UNTY NURSING AND RE	HABILITATION CENTER						
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		was found to be in co 483, Subpart B and 4 the PSR to the Recer Licensure Survey and Investigation of Comp	empliance with 42 CFR Part 10 IAC 16.2-3.1, in regard to tification and State the PSR to the plaint IN00151030.						

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

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NAME OF PI	ROVIDER OR SUPPLIER	10000		STREET ADDRESS, CITY, STATE, ZIP COD	<u>l</u>	08/27/2014			
LAKE CO	UNTY NURSING AND RE	HABILITATION CENTER		5025 MCCOOK AVE EAST CHICAGO, IN 46312					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	( (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
{F 000}	Continued From page Quality review comple Janelyn Kulik, RN.	e 1 eted on August 28, 2014, by	{F 06	00)					